FAREHAM CARDIAC SUPPORT GROUP
FOUNDED IN 1988 BY DR HUGH CARLING MBE

NEWSLETTER JULY 2019

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Chairman: Roger Reynolds ......01329 289002
Vice Chairman: Ian Macdonald.01329 236506
Secretary: John Willis .............01329 310187
Speakers: Joy Macdonald ..........01329 236506
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Treasurer: Ann Rudland ..........01329 282809
Website: Peter Stoddard ..........01329 312484
Committee: Jean Reynolds

RULES FOR GYM USERS
# Ensure gate is secured properly after entry
# Cross tick on your way out of the gym
# Wear trainers
# Make cheques payable to:-
FAREHAM CARDIAC SUPPORT GROUP

GYM HOURS
Monday to Friday 8 am to 12 noon.
Any existing member (non-gym user) who wishes to use the gym MUST get a letter from their GP with approval of ability to exercise. Induction at the gym will be carried out by Donna, by appointment - 01329 232321.

CHAIRMAN welcomed 55 attendees to the meeting

NEW MEMBERS
Jane & Robin Greek, Richard Bunce & Gordon Wittington

APOLOGIES
Dawn & Ivan Saunders, Margaret & Langford Vincent, Caroline Chapman & Gordon Davies

HEALTH / DEATH
Have recently found out that a former member, Michael Gerrard, who had moved to Devon, died in June 2015.

INCOME
Door .....£57
Raffle .....£71
Donation Box .....£0

WALES HOLIDAY
I’m sure everybody that went on the holiday joins me in saying a BIG THANK YOU to Wendy for such a wonderful time.
Any unusual/interesting photos., please e-mail to John for holiday review farehamcsg@gmail.com

QUIZ at the CROFTON on WEDNESDAY 17 JULY
Highly successful and lots of fun last year, so start getting your teams together, minimum of 6 per team but lots of chances to make up other teams. Unfortunately after quite a long time there has been a price increase for lunch, it is now £11. Most importantly we do not have to pay any hire charges. Raffle as usual.

AT LAST, EVERYTHING’S STARTING TO CLICK FOR ME! MY KNEES, MY ELBOWS, MY NECK......
TINSEL & TURKEY + SHOPPING IN BOURNEMOUTH & POOLE

STILL PLACES AVAILABLE
+ Christmas Market in the square.

STAYING AT THE ‘SUNCLIFF HOTEL’ BOURNEMOUTH
Self-drive, 3 night holiday in probably the best shopping centres on the South Coast.
Christmas Eve (Fri) and Christmas Day (Sat) with full Christmas dinner, New Year’s Eve (Sun) and entertainment every night.
FRIDAY 6th DECEMBER to MONDAY 9 DECEMBER

There will be a coach departing from Red Lion, Portchester at Noon, BHF Fareham 1210 & Fareham College 1220.
Cost will be around £19, must have firm commitment or cost will rise, aiming at 24 seater.
Friends and family most welcome
Ring Jan or John on 01329 310187

AT THE MOMENT THERE ARE 57 MEMBERS, FRIENDS & RELATIONS GOING
WITH SO MANY IT SHOULD BE A REAL FUN OCCASION. I STILL HAVE PLACES.

WINDSOR CASTLE & SAVILL GARDENS
TUESDAY 10 SEPTEMBER £34.00
Have increased size of coach, now have 5 more places to fill, price includes entry to both venues.
Ring Jan/John 01329 310187.

BHF BIG BAG APPEAL
Full Bags can now be returned to Dawn at any meeting. BHF receive £15 every filled bag

NO WALK IN JULY
WE ARE STILL LOOKING FOR WALK ORGANISERS FOR MONTHS OF 2019
Please step forward, even if it is only one month. I now hold a description for all the different walks over the last 5 years, making the job so much easier. John 01329 310187

PHOTOGRAPHS
Peter Stoddard’s pictures from events, walks etc. will now be in postcard size. Always available at Group meetings for a reasonable 50p each.

HELPERS
Thanks to all who help in any way during the evening - the door, the raffle, the books, the kitchen ladies, the furniture movers and anything else you can think of – thank you.

Weekday Funnies
Several members have asked me where the SMILE e-mails have gone. The problem was e-mail service could not fulfil such large numbers. I am assured that if you put my e-mail address farehamcsg@gmail.com in your contact list the problem could be solved. Let’s give it a try.

LIFE IS LIKE A HOT BATH, IT FEELS GOOD WHILE YOU’RE IN IT, BUT THE LONGER YOU STAY IN, THE MORE WRINKLES YOU GET.
TONIGHT’S SPEAKER IS DR JOHN WATKINS
‘OPTIONS, BENEFITS & SIDE EFFECTS OF COMMONLY USED DRUGS’.

ASPIRIN

FACTS ABOUT ASPIRIN
1. People with a high risk of blood clots, stroke, and heart attack can use Aspirin long-term in low doses.
2. Aspirin may be given to patients following:-
   (a) a coronary artery bypass graft operation
   (b) a heart attack
   (c) a stroke
   (d) atrial fibrillation
   (e) acute coronary syndrome

BENEFITS
Mortality reduced by 3.8% after heart attack. In a yearly figure of 100,000, approximately 300 lives were saved. Survival after taking Aspirin for 10 years shows a benefit.

ALTERNATIVES
Clopidogrel – cost multiplies by 12.

BETA BLOCKERS
They are inexpensive, well tolerated drugs and save many lives by lowering blood pressure, protecting against recurrent heart attacks and helping people with heart failure to live longer.

They are used to treat conditions including angina, heart failure and some heart rhythm disorders, and after a heart attack. Beta blockers, also called beta adrenergic blocking agents, block the release of the stress hormones adrenaline and noradrenaline in certain parts of the body. This results in a slowing of the heart rate and reduces the force at which blood is pumped around your body.

Beta blockers can also block your kidneys from producing a hormone called angiotensin II. This results in lowering your blood pressure.

Beta blockers improve life expectancy in people with heart failure caused by impaired contraction of the left ventricle (the main pump chamber of the heart). Guidelines recommend that all patients with left ventricular impairment should take a beta blocker – regardless of symptom severity.

Beta blockers are used to control the irregular heart rhythm in people with atrial fibrillation (AF). By slowing the heart rate, the symptoms caused by AF, particularly palpitations and fatigue, are often improved. In people who have had a heart attack, beta blockers help reduce the risk of further ones. Guidelines recommend that all patients who have had a heart attack should be prescribed a beta blocker before hospital discharge as part of a package of risk reduction measures. Treatment should usually continue for life.

Beta blockers are usually tolerated well without significant side effects. They may cause cold hands and feet, particularly in older people, and may also be associated with unusually vivid dreams. Some patients experience fatigue, perhaps related to excessive slowing of the heart rate. Erectile dysfunction is occasionally a problem for some men who take beta blockers.

If you think you are experiencing side effects, speak to your GP as soon as possible.

Do not stop taking a beta blocker suddenly without consulting your doctor. This is important because when you take a beta blocker regularly, your body becomes used to it. Stopping it suddenly could cause problems such as palpitations, a recurrence of angina pain or a rise in blood pressure.

STATINS
You may be advised to take statins if you’ve had a heart attack or stroke in order to reduce your risk of another event. If you have peripheral arterial disease statins can help to slow the progression. If you are diabetic, you are at a much higher risk of developing cardiovascular disease, and taking statins will help to reduce this risk. Even if you’re in good health, you may be prescribed statins if you’re at high risk of developing cardiovascular disease, for example, if you have a strong family history of cardiovascular disease. Statins can help lower your risk. A research study has also suggested statins can help reduce your risk of stroke if you’re aged over 65.

Cholesterol is essential for your body to work well, but too much
‘bad cholesterol’ (called low-density lipoprotein or LDL) is unhealthy. Statins reduce the amount of ‘bad cholesterol’ your body makes.

High levels of ‘bad cholesterol’ in your blood can lead to fatty deposits building up in your arteries. This can increase your risk of developing cardiovascular disease, which includes conditions such as coronary heart disease (leading to angina and heart attack) and stroke.

Your body will always make cholesterol so if you stop taking a statin, it’s likely your cholesterol levels will rise. If you are prescribed a statin, you need to take it every day. Statins are most beneficial when you take them on a long-term basis.

ACE INHIBITERS

ACE inhibitors can reduce the activity of an enzyme called angiotensin-converting enzyme, or ACE for short. The enzyme is responsible for hormones that help control your blood pressure. It has a powerful narrowing effect on your blood vessels, which increases your blood pressure. ACE inhibitors inhibit or limit this enzyme, making your blood vessels relax and widen. This, in turn, lowers your blood pressure and improves blood flow to your heart muscle. A quarter of the blood pumped out in each heartbeat flows through the kidneys, so if your heart becomes less efficient, your kidneys also suffer. Therefore, ACE inhibitors improve kidney, as well as heart, function.

They are commonly prescribed if you’ve had a heart attack or if you have heart failure. They are also used to treat high blood pressure (hypertension).

The main difference between the ACE inhibitors is how long their effects last; some are short-acting and others are long-acting. If the duration is long, you need to take them less often during the day. For example, perindopril is long-acting and only needs to be taken once a day, whereas captopril is short-acting and needs to be taken three times a day. Each drug comes in a range of strengths and we usually start on a low-strength drug and work our way up to the higher strengths as people get used to them.

SOME OF THE COMMON ACERS.

captopril (brand names include Acepril, Acezide, Capoten, Capozide, Capozide LS)
imidapril (brand names include Tanatril)
perindopril (brand names include Coversyl, Coversyl Plus)
ramipril (brand names include Lopace, Ramipril, Triapin, Triapin Mite, Tritace)

SID EFFECTS

About one in ten people experience a dry, irritating cough. If you have any side effects, let your GP know as soon as possible.

In the event that your GP stops prescribing the ACE inhibitor and gives you alternative medication, it’s worth remembering that it can take eight to 12 weeks for the cough to disappear.

Fewer than one in 100 people have a problem with the blood supply to their kidneys (renal stenosis). There are no specific symptoms in renal stenosis so you should have a routine blood test to check your kidney function one to two weeks after starting the medication. Where early checks indicate a problem such as renal stenosis, patients will be advised to change the medication and there won’t be any lasting damage.

SUMMARY

THINK carefully if you decide to stop a prescribed drug. These 4 drugs save 3,350 lives a year after heart attacks. They are given to improve survival, they have systematic benefits.

NEXT MONTH will be Cheese & Wine/Juice with the music of TIM AUSTIN.

Went down a treat last year, all the songs you remember the words to.

1 AUGUST 7.30pm Wallington Hall

If you have any ideas for speakers for next year please contact Joy Macdonald on 01329 236506.